New Jersey Department of Health and Senior Services Office of Emergency Medical Services PO Box 360

Trenton, NJ 08625-0360 609-633-7777 609-633-7839 (Fax)

EMT VERIFICATION REPORT

Provider Name		Telephone Number			Fax Number			
Name of Person Requesting		Signature	Signature			Date		
PLEASE PRINT OR TYPE!		FOR OEMS USE ONLY						
Name of Provider	ID Number	Level of Provider	Status		Actions		Expiration	Initial Cert. Date
Verifying OEMS Staff					Date			